

NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS, OR TO DEMOLISH

This form will be considered incomplete until all information is supplied below. If any changes are made after the notification is logged with the Agency, an amendment must be filed before work begins or continues. See other side for assistance in completing this form.

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Ľ	OFFICE USE: PROJECT #	Fee Rec'd	\$	Date	Rec'd		
I.	OPERATION CATEGORY	NO	ADVAN OTIFICATIO	ICED ON PERIOD	N	FEE	
,Oa	[X] All Demolition Projects [] Residential Asbestos Project (**Massestos Project: 10 to 259 If or 48 to 159 sf (**Massestos Project: 260 to 999 If or 160 to 4,999 sf [] Asbestos Project: 1,000 to 9,999 If or 5,000 to 49,99 [] Asbestos Project: more than 10,000 If or more than [] Amendments for Project #		REQUI 10 workin 10 workin 10 workin 10 workin 10 workin 10 workin Prior Notii 10 workin Prior Notii 10 workin Workin	g days floation g days flication		\$11 \$142 \$283 \$567 \$1699 27 / Others \$57 \$1699 7 / Others 2x Fe 2x Fee	
11.	CONTRACTOR						
	Contractor's Name: Fluor Hanford, Incorporate	ed					
					C	Certification #	
	Address: P.O. Box 1000 Street	Rich	land ity		WA	99352	
		oint of Contac		none: <u>(509)3</u>	State	Zip	
III.		Oint of Contac	11	1011e. <u>(309)3</u>	70-4070		
	Property Owner: United States Department of I	Energy Dichle	nd Fiold (Office Dhen	o. (500)s	76 0047	
•				<u> Mice</u> Phon			
	Address: 815 Jadwin Avenue Street		hland ty		WA State	99352 Zip	
	Name of Job Site: MO-005 and MO-702 Trailer	rs			,	, 	
	Address: MO-005 & MO-702, 200 East Area, F	lanford Site, F			WA State	99352 Zip	
	Building/Room Where Job Will Occur: Asbesto on wood shack attached to MO-702. Gray putt	os in bathroom	flooring in windows	n trailer MO- in trailer MO ione: (509)43	-922 with -005.		
V.	Asbestos "good faith survey" has been conduct	ed? [X] YES	[]NO. B	y whom? Ru	ıss D. Sn	nitch	
	Type(s) of asbestos present, if any (Friable, Ca					•	
/ .	Start Date of Removal: <u>June 27, 2008</u>				nber 30.	2008	
	Approximate Amount of Asbestos to be Removed:Linear Feet _800 _Square Feet						
Method of Removal and Work Plan Specifications: (Attach description if more room is needed)							
	Trailer Demolitions: Areas where demolitions	for dust sup	pression	; fixative may			
	also be used on debris for dust suppression do	n and wa	ste loading.	Tradition	al demolition		
	and loading equipment will be utilized.						
/l.	Name of Disposal Site: Basin Disposal Incorpor	rated		Phone: (5	09)544_7	703	
	Degras L. Vlaces	4104		0/2 //	16/08	100	
	Your Signature	·····		100/	Date		
фp	roval: BCAA		Date	:. <u>[6</u>	June	08	
EΝ	MIT FEE & FORM TO: BCAA, 526	S. Clodfelte	r Road	Kennew	ick W	 Δ 99336	

"NOTIFIC	CATION OF INTENT T	ADDENDU O REMOVI	M TO BC E ASBES	AA TOS CONTAIN	IING MATER	RIALS"		
1. TYPE OF NOTIFICATION (0 = Original / R = Revised): 0				(D - Demolition / R = Renovation):				
FOR EMERGENCY F	RENOVATIONS FILL OUT	THE REST C	F THIS SE	CTION, OTHERW	ISE GO TO 2.			
Date and Hour of Emergen	······································				**************************************			
Description of the Sudden,	Unexpected Event:							
Explanation of How the Eve	ent Caused Unsafe Conditions or	Serious Disruptio	on of Industrial	Operations:				
2. FACILITY INFORM	MATION							
Operator: United Sta	ted Department of Er	nergy	Street Addre	ss: MO-005 and 1	40-702, Han:	ford Site		
Richland, Washin	gton 99352 Contact: To	m Beam	<u></u>		Tel: 3	76-4876		
BUILDING SIZE	Sq. Meter:	Sq. Ft.: 119	2	No. of Floors: 1	Age in Y	ears: Old		
Present Use: Unoccupi	ed		Prior Use: C	office Space an	nd Storage			
3. PROCEDURE, INC	LUDING ANALYTICAL METHOD	, IF APPROPRIA	TE USED TO	DETECT THE PRESEI	NCE OF ASBEST	OS MATERIAL:		
Asbestos Good Fa in Vinyl Floorin	ith Inspection and L $_{ m g}$, ~1% Chrysotile As	ab Analyse bestos Fib	s identi ers in r	fied 10-15% Ch olled roofing	rysotile As and 5% fibe	bestos Fibe ers in putty		
4. DESCRIPTION OF	PROCEDURES TO BE FOL COMES CRUMBLED, PULVERIZ	LOWED IN THE	EVENT THAT	UNEXPECTED RACK	I IS FOUND OR C	ATEGORY II		
Field activities	will be stopped and er sampling and anal	appropria	te notif	ications will	be made bef hniques and	ore controls.		
5. SCHEDULED DAT	ES OF DEMO/RENOVATION	ON (MM/DD/YY)	Start: 06/27/08	Completion	n: 09/30/08		
6. DESCRIPTION OF	PLANNED DEMOLITION ial demolition equip	OR RENOVA	TION WOR		(S) TO BE USE	ED:		
	DRTER (Attach another sheet if t	LL				*		
Name: Fluor Hanf		there are two tran	isporters)	7.000 M. C.		······		
Address: Hanford Si			-					
City: Richland				State: WA				
	tevens; Project Mana	aor.			T. I	Zip: 99352		
8. LOCATION OF WA)21 Comme	rcial Avenue	Telephone: 509-	-430-5756		
City: Pasco	TOTE DIOI OUAL OTTE	Addiess, 20	721 COMMIC	7		7: 00000		
	MOUNT OF RACM TO BE I	REMOVED AI	ND NONER	State: WA	S MATERIAL T	Zip: 99302		
WILL NOT BE REM	OVED. SPECIFY THE AN	JOUNT BELC	W.	WINDER MODEOTO	<u></u>			
Nonfriable Asbestos M be Removed Before								
			RA	CM to be Removed	Cat I	Cat II		
Pipes - Linear Meters (Linear Feet)		S	ee V. of BCAA Form					
Surface Area - Square	Meters (Square Feet)		S	ee V. of BCAA Form	800			
Volume RACM Off Fac	ility Component - Cubic Me	eter						

10. I certify that an individual trained in the provisions of (40 CFR 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Signature of Owner/Operator)

(Date)